

Approved List of Children's Preventive Services for Ages Birth to 10

Effective delivery of clinical preventive services has been shown to positively impact the health of individuals and populations. The premise of early screening and intervention to prevent and reduce risks for disease, injury, disability, or death makes good sense and is supported through research findings and opinions of experts.

The Washington State Board of Health has approved a recommended "List of Children's Preventive Services for Ages Birth to 10". The list includes several levels of response to children's health issues: screening/testing, education/counseling, and intervention. The list indicates which level of intervention has been identified as important in response to the specific health issue. This document summarizes the effect and benefit of specific preventive services for children birth to 10 years. It does not attempt to include every aspect of children's preventive services supported by research and expert opinion. Please see the complete approved 'List of Children's Preventive Services for Children Ages Birth to 10' and supporting documents for the full descriptions of each service.

Comprehensive Physical Examination with Health History and Developmental / Behavioral Assessment

- **Periodic preventive visits** provide an efficient opportunity to assess physical, emotional, and developmental health and to effectively address a variety of health issues through early detection of problems and risks and through age-specific anticipatory guidance and counseling. These visits include specifics such as physical examination, behavioral and developmental assessment, appropriate laboratory examinations, and immunizations.
- **Newborn screening** reduces illness, disability, and death associated with inherited conditions such as phenylketonuria and hypothyroidism.
- **Visual impairment** in children is associated with developmental delays and need for special educational, vocational, and social services, often into adulthood. Many infants and young children are at high risk for vision problems because of hereditary, prenatal, or perinatal factors. Early problem identification and appropriate remedies offer vision correction or improvement and avoidance of associated problems.
- The earliest possible identification of **infant hearing loss** has been endorsed widely as critical for the developing child. Early identification and intervention have lifelong implications for the child's understanding and use of language, allowing for language acquisition, either spoken or signed, during the critical time period when the child is developing communication skills.

Communicable and Infectious Diseases

- Routine **childhood immunizations** for measles, mumps, rubella, diphtheria, tetanus, polio, hepatitis B, haemophilus influenza B, and varicella are highly effective in preventing disease, disability, and death, and in controlling spread of infections within communities. These vaccines have reduced reported cases of these diseases to record-low levels.
- **Tuberculosis** elimination efforts have been set back in recent years by a resurgence of the disease, outbreaks in at-risk communities, and the appearance of drug-resistant strains of TB. Cases of TB in two year-old children are twice that of older children; the disease in younger children is more likely to go unrecognized and to result in more severe disease. Screening of at risk children is critical to early detection; complete courses of prophylactic therapy are critical to and effective in preventing the progression of TB infection to clinical disease.

Health Risk Behaviors

- Positioning infants on their back to sleep has been associated with significant recent decreases in the incidence of **Sudden Infant Death Syndrome**.
- Exposure to **environmental tobacco smoke** triggers and worsens asthma and bronchitis in children. 31% of U.S. children 10 years or younger are exposed to tobacco smoke daily in their homes. With tobacco use being highly addictive and linked to adverse health outcomes, effective tobacco cessation interventions should be directed to smoking family members and teens or children. Overwhelming evidence indicates that **first tobacco use and addiction** begins in adolescence; this calls for multi-faceted interventions (population-based strategies, policy, and individual / parental counseling) to prevent initiation of tobacco use in youth.
- **Unintentional injuries** are the leading cause of death for children in the U.S.; the vast majority of these are preventable. Child safety seats, bicycle helmets, home smoke detectors, and poison control services have all been demonstrated to reduce risk of injury and death, as well as to reduce direct medical costs and other costs.
- The use of **bicycle helmets** has demonstrated an 85% reduction in bicycle-related head injuries.
- In 1997, at least 984,000 children in the U.S. were known victims of **maltreatment** (neglect, physical abuse, emotional abuse, and sexual abuse). There is compelling evidence that certain interventions, such as intensive home visitation to high-risk families, result in lower rates of child abuse and neglect.
- Many children have little **physical activity** in their daily lives; at least 25% of U.S. children watch 4 or more hours of television each day. Even moderate physical activity in children leads to benefits of healthy skeletal development, weight and body fat control, prevention or delay of

hypertension and diabetes, and psychological well-being. Childhood physical activity patterns greatly influence activity patterns in adulthood.

- **Obesity and overweight** is increasing among U.S. children, with at least 11% of 6 to 11 year-olds measured as such. Healthful **nutritional and dietary behaviors** begin in childhood. A healthy diet in combination with regular physical exercise contributes to preventing illness, chronic disease, and premature deaths.
- **Breast milk** is known to be the most complete form of nutrition for infants and has a wide range of health, growth, immunity, and developmental benefits.

Oral Health

- Poor **oral health** and untreated oral diseases and conditions can have a significant impact on quality of life and physical health. **Dental caries** is the single most common chronic disease of childhood - occurring 5 to 8 times more frequently than childhood asthma.

Key Sources Consulted in Identification of “Headline” Comments:

1. United States Preventive Services Task Force (USPSTF), Guide to Clinical Preventive Services, 2nd edition, 1996.
2. American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care - publication # RE9939, April 2000.
3. Put Prevention Into Practice (PPIP), Clinician’s Handbook of Preventive Services, 2nd edition, 1998.
4. Healthy People 2010 (HP2010), U.S. Department of Health and Human Services, January 2000.
5. AAP Newborn and Infant Hearing Loss: Detection and Intervention (AAP RE9846).
6. Advisory Committee on Immunization Practices (ACIP), Recommended Childhood Immunization Schedule, United States, January-December 2000.